County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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PHILIP L. BROWNING
Director

May 22, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

RESPONSE TO THE OCTOBER 11, 2011 MOTION COMPILING LOS ANGELES COUNTY DATA ON CHILD ABUSE, NEGLECT AND DEATHS

On October 11, 2011, on motion of Supervisor Michael D. Antonovich and Supervisor Mark Ridley-Thomas, the Director of the Department of Children and Family Services (DCFS), in conjunction with the Chief Executive Officer and all affected agencies that partner in child welfare services, County Counsel and the Interagency Council on Child Abuse and Neglect, (ICAN), was directed to report back in 30 days, and quarterly thereafter, on a mechanism by which to comprehensively report on child abuse, neglect and deaths in a meaningful way to inform the Board's child safety, permanency and self-sufficiency policy decisions.

We are submitting an updated summary of DCFS' Child Fatality data for the period January 1, 2011 to December 31, 2011, which also includes a summary of In-Person Response Referrals by allegation type and number substantiated as some of the data may have changed given a Senate Bill 39 of 2007 (SB 39) determination of "a" or "c". We are also submitting first quarter data for the period January 1, 2012 to March 31, 2012 (Please see Attachments I and II).

DCFS and ICAN have discussed the reconciliation and review of data sets in order to identify the differences between SB 39 data and ICAN child death data. The methodology used differs in that DCFS adheres to Senate Bill 39, which is based on reasonable suspicion that the child fatality is the result of abuse or neglect; the child resided with a parent or guardian or in foster care at the time of the death; and the abuse or neglect was substantiated by the Coroner, law enforcement or DCFS.

ICAN findings are based on the final mode determined by the Coroner and reports on Los Angeles County child deaths with a mode of homicide. (Please see Attachment III, Data Variances).

In our continued efforts to reconcile data on child deaths, the Registrar-Recorder/County Clerks Office linked us with the Los Angeles County Department of Public Health, Office of Health Assessment & Epidemiology; the Pasadena Public Health Department - Office of Vital Records and the City of Long Beach, Public Health Department in order to assist DCFS with obtaining the most comprehensive and timely data on child deaths. The data provided by the three agencies will allow us to match records between the deaths reported to DCFS Child Protection Hotline and deaths registered in Vital Statistics records to make sure all fatalities are accounted for and reconciled. Our base population will be all death records for children ages 0 to 10 in Los Angeles County; date of death; residence information; ethnicity; and cause of death. We anticipate having the data reconciled by August 2012.

Of worthy mention is ICANs' issuance of its three annual reports, *The State of Child Abuse in Los Angeles County, the ICAN Child Death Review Team Report for 2011 and The Safely Surrendered Baby Law Report for 2011*. (These reports can be accessed on ICAN's Website www.ican4kids.org). ICAN directed three recommendations to DCFS in the Child Death Review Team Report, which we are exploring the feasibility of implementing. (Please see Attachment IV, excerpts from the ICAN Child Death Review Team Report Issues Identified/Lessons Learned and the Team Accomplishments section).

In terms of data on child abuse and neglect to inform the Board's child safety, permanency and self-sufficiency policy decisions, attached are the measures used in the Department's Stat process. The objective of the Stat process is to strengthen our data collection and analytical infrastructure so that the data can be used to enhance strategic and operational decision-making throughout the department. (Please see Attachments V- VII).

If you have any questions, please call me or your staff may contact Aldo Marin, Manager, DCFS Board Relations Section, at (213) 351-5530.

PB:BN
FL:af

Attachments

c: Executive Officer, Board of Supervisors
Chief Executive Officer
County Counsel
Interagency Council on Child Abuse and Neglect

Attachment I

Child Fatality Data Summary
All Quarters Jan. 1, 2011 to Dec. 31, 2011

Los Angeles County, Department of Children and Family Services
In-Person Response Referrals and Child Fatality Data Summary
All Quarters from Jan 1, 2011 to Dec 31, 2011

IN-PERSON RESPONSE REFERRALS

ALLEGATION TYPE	2011 - Q1		2011 - Q2		2011 - Q3		2011 - Q4		TOTAL REFERRAL CHILDREN	TOTAL SUBSTANTIATED REFERRAL
	REFERRAL CHILDREN	SUBSTANTIATED REFERRAL	REFERRAL CHILDREN	SUBSTANTIATED REFERRAL	REFERRAL CHILDREN	SUBSTANTIATED REFERRAL	REFERRAL CHILDREN	SUBSTANTIATED REFERRAL		
General Neglect	11071	3547	12146	3875	12079	3685	11010	3365	**46306**	**14472**
Emotional Abuse	5288	1911	5323	1793	5061	1674	4969	1484	**20641**	**6862**
At Risk, sibling abused	9540	1075	9870	1261	7311	872	9202	915	**35923**	**4123**
Physical Abuse	7222	946	7390	1045	5982	756	6957	748	**27551**	**3495**
Sexual Abuse	2454	507	2558	514	2267	424	2426	434	**9705**	**1879**
Caretaker Absence/Incapacity	738	481	771	465	755	417	636	408	**2900**	**1771**
Severe Neglect	524	197	501	185	628	227	547	193	**2200**	**802**
Exploitation	16	8	26	4	6	2	16	4	**64**	**18**
Grand Total	**36853**	**8672**	**38585**	**9142**	**34089**	**8057**	**35763**	**7551**	**145290**	**33422**

NOTE Total Referral received from Jan 1, 2011 to Dec 31, 2011 from DCFS Datamart as of April 11, 2012.

CHILD FATALITY DATA SUMMARY

DEATHS (SB39)	2011 - Q1		Total 2011 - Q1	2011 - Q2		Total 2011 - Q2	2011 - Q3		Total 2011 - Q3	2011 - Q4		Total 2011 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
SB39 A	6	9	**15**	3	4	**7**	5	0	**5**	0	1	**1**	**28**
SB39 A & C	5	5	**10**	9	6	**15**	2	5	**7**	2	4	**6**	**38**
Pending Final Determination	0	1	**1**	2	1	**3**	2	3	**5**	2	1	**3**	**12**
Grand Total	**11**	**15**	**26**	**14**	**11**	**25**	**9**	**8**	**17**	**4**	**6**	**10**	**78**

Sub A: Final determination concluded that the fatality only met subdivision A criteria (Reasonable Suspicion that the fatality was caused by abuse and/or neglect)
Sub A & C: Final determination concluded that the fatality met subdivision C criteria (the fatality is Confirmed to be caused by abuse and/or neglect)
Pending Final Determination: Initial determination concluded that the fatality only met subdivision A criteria but no final determination has been made as of the report date April 11, 2012.

FINAL MODE OF DEATH	2011 - Q1		Total 2011 - Q1	2011 - Q2		Total 2011 - Q2	2011 - Q3		Total 2011 - Q3	2011 - Q4		Total 2011 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Homicide	8	7	**15**	8	6	**14**	3	3	**6**	2	3	**5**	**40**
Accidental	7	11	**18**	7	13	**20**	12	12	**24**	2	8	**10**	**72**
Natural	5	11	**16**	5	10	**15**	2	7	**9**	0	1	**1**	**41**
Suicide	3	2	**5**	3	0	**3**	1	2	**3**	3	5	**8**	**19**
Undetermined	5	18	**23**	11	12	**23**	8	9	**17**	1	4	**5**	**68**
Pending Coroner's Report	1	0	**1**	9	5	**14**	9	13	**22**	25	24	**49**	**86**
Not a Coroner Case	4	3	**7**	6	1	**7**	5	0	**5**	10	2	**12**	**31**
Grand Total	**33**	**52**	**85**	**49**	**47**	**96**	**40**	**46**	**86**	**43**	**47**	**90**	**357**

AGE RANGE	2011 - Q1		Total 2011 - Q1	2011 - Q2		Total 2011 - Q2	2011 - Q3		Total 2011 - Q3	2011 - Q4		Total 2011 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Prenatal	7	7	**14**	4	7	**11**	5	8	**13**	6	6	**12**	**50**
Infants (0-1)	9	22	**31**	20	19	**39**	14	17	**31**	17	19	**36**	**137**
Children (2-11)	3	9	**12**	8	12	**20**	10	5	**15**	2	6	**8**	**55**
Teenagers (12-17)	14	14	**28**	17	9	**26**	11	16	**27**	17	16	**33**	**114**
Young Adults (18-21)	0	0	**0**	0	0	**0**	0	0	**0**	1	0	**1**	**1**
Grand Total	**33**	**52**	**85**	**49**	**47**	**96**	**40**	**46**	**86**	**43**	**47**	**90**	**357**

NOTE: Child Fatality data summary from DCFS CWS/CMS database as of April 11, 2012.

CHILD FATALITY DATA SUMMARY

GENDER	2011 - Q1		Total 2011 - Q1	2011 - Q2		Total 2011 - Q2	2011 - Q3		Total 2011 - Q3	2011 - Q4		Total 2011 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Male	23	33	56	30	27	57	26	26	52	26	28	54	219
Female	10	18	28	19	19	38	12	19	31	17	19	36	133
Unknown	0	1	1	0	1	1	2	1	3	0	0	0	5
Grand Total	**33**	**52**	**85**	**49**	**47**	**96**	**40**	**46**	**86**	**43**	**47**	**90**	**357**

ETHNICITY	2011 - Q1		Total 2011 - Q1	2011 - Q2		Total 2011 - Q2	2011 - Q3		Total 2011 - Q3	2011 - Q4		Total 2011 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Hispanic/Latino	23	26	49	19	29	48	23	25	48	19	22	41	186
African American	5	12	17	18	6	24	13	11	24	14	6	20	85
White	3	11	14	9	4	13	2	5	7	8	10	18	52
Asian/Pacific Islander	1	3	4	1	6	7	1	2	3	2	5	7	21
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	1	2	2	4	1	3	4	0	4	4	13
Grand Total	**33**	**52**	**85**	**49**	**47**	**96**	**40**	**46**	**86**	**43**	**47**	**90**	**357**

DCFS STATUS AT DATE OF DEATH	2011 - Q1		Total 2011 - Q1	2011 - Q2		Total 2011 - Q2	2011 - Q3		Total 2011 - Q3	2011 - Q4		Total 2011 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Child -Open Case at DOD	2	0	2	11	0	11	6	0	6	10	0	10	29
Child -Open Referral at DOD	2	0	2	4	0	4	3	0	3	2	0	2	11
Child -Prior Case	5	0	5	7	0	7	5	0	5	5	0	5	22
Child -Prior Referral	14	0	14	10	0	10	11	0	11	12	0	12	47
Sibling Referrals	10	0	10	17	0	17	15	0	15	14	0	14	56
No Prior DCFS History	0	52	52	0	47	47	0	46	46	0	47	47	192
Grand Total	**33**	**52**	**85**	**49**	**47**	**96**	**40**	**46**	**86**	**43**	**47**	**90**	**357**

SUPERVISORIAL DISTRICT (Incident Location)	2011 - Q1		Total 2011 - Q1	2011 - Q2		Total 2011 - Q2	2011 - Q3		Total 2011 - Q3	2011 - Q4		Total 2011 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
SUP 1	7	6	13	5	8	13	5	8	13	7	5	12	51
SUP 2	10	15	25	15	14	29	8	15	23	12	8	20	97
SUP 3	7	10	17	4	3	7	4	3	7	3	5	8	39
SUP 4	5	9	14	11	8	19	8	9	17	13	10	23	73
SUP 5	3	12	15	11	11	22	12	10	22	8	19	27	86
Outside of LA County	1	0	1	2	1	3	2	1	3	0	0	0	7
Unknown	0	0	0	1	2	3	1	0	1	0	0	0	4
Grand Total	**33**	**52**	**85**	**49**	**47**	**96**	**40**	**46**	**86**	**43**	**47**	**90**	**357**

NOTE: Child Fatality data summary from DCFS CWS/CMS database as of April 11, 2012.

Attachment II

Child Fatality Data Summary
All Quarters Jan. 1, 2012 to Dec. 31, 2012

Los Angeles County, Department of Children and Family Services
In-Person Response Referrals and Child Fatality Data Summary
All Quarters from Jan 1, 2012 to Dec 31, 2012

IN-PERSON RESPONSE REFERRALS

ALLEGATION TYPE	2012 - Q1		2012 - Q2		2012 - Q3		2012 - Q4		TOTAL REFERRAL CHILDREN	TOTAL SUBSTANTIATED REFERRAL
	REFERRAL CHILDREN	SUBSTANTIATED REFERRAL	REFERRAL CHILDREN	SUBSTANTIATED REFERRAL	REFERRAL CHILDREN	SUBSTANTIATED REFERRAL	REFERRAL CHILDREN	SUBSTANTIATED REFERRAL		
General Neglect	12470	2580	0	0	0	0	0	0	12470	2580
Emotional Abuse	5227	1002	0	0	0	0	0	0	5227	1002
At Risk, sibling abused	10718	808	0	0	0	0	0	0	10718	808
Physical Abuse	8306	661	0	0	0	0	0	0	8306	661
Sexual Abuse	2846	346	0	0	0	0	0	0	2846	346
Caretaker Absence/Incapacity	572	294	0	0	0	0	0	0	572	294
Severe Neglect	604	193	0	0	0	0	0	0	604	193
Exploitation	11	3	0	0	0	0	0	0	11	3
Substantial Risk	0	0	0	0	0	0	0	0	0	0
Grand Total	**40754**	**5887**	**0**	**0**	**0**	**0**	**0**	**0**	**40754**	**5887**

NOTE Total Referral received from Jan 1, 2012 to Mar 31, 2012 from DCFS Datamart as of April 11, 2012.

CHILD FATALITY DATA SUMMARY

DEATHS (SB39)	2012 - Q1		Total 2012 - Q1	2012 - Q2		Total 2012 - Q2	2012 - Q3		Total 2012 - Q3	2012 - Q4		Total 2012 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
SB39 A	1	0	1	0	0	0	0	0	0	0	0	0	1
SB39 A & C	4	3	7	0	0	0	0	0	0	0	0	0	7
Pending Final Determination	3	4	7	0	0	0	0	0	0	0	0	0	7
Grand Total	**8**	**7**	**15**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	15

Sub A: Final determination concluded that the fatality only met subdivision A criteria (Reasonable Suspicion that the fatality was caused by abuse and/or neglect)
Sub A & C: Final determination concluded that the fatality met subdivision C criteria (the fatality is Confirmed to be caused by abuse and/or neglect)
Pending Final Determination: Initial determination concluded that the fatality only met subdivision A criteria but no final determination has been made as of the report date April 17, 2012.

FINAL MODE OF DEATH	2012 - Q1		Total 2012 - Q1	2012 - Q2		Total 2012 - Q2	2012 - Q3		Total 2012 - Q3	2012 - Q4		Total 2012 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Accidental	4	2	6	0	0	0	0	0	0	0	0	0	6
Homicide	1	4	5	0	0	0	0	0	0	0	0	0	5
Natural	1	1	2	0	0	0	0	0	0	0	0	0	2
Suicide	1	1	2	0	0	0	0	0	0	0	0	0	2
Undetermined	0	1	1	0	0	0	0	0	0	0	0	0	1
Not a Coroner Case	5	0	5	0	0	0	0	0	0	0	0	0	5
Pending	29	33	62	0	0	0	0	0	0	0	0	0	62
Grand Total	**41**	**42**	**83**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	83

AGE RANGE	2012 - Q1		Total 2012 - Q1	2012 - Q2		Total 2012 - Q2	2012 - Q3		Total 2012 - Q3	2012 - Q4		Total 2012 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Prenatal	4	3	7	0	0	0	0	0	0	0	0	0	7
Infants (0-1)	19	19	38	0	0	0	0	0	0	0	0	0	38
Children (2-11)	7	8	15	0	0	0	0	0	0	0	0	0	15
Teenagers (12-17)	11	12	23	0	0	0	0	0	0	0	0	0	23
Young Adults (18-21)	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	**41**	**42**	**83**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	83

NOTE: Child Fatality data summary from DCFS CWS/CMS database as of April 17, 2012.

CHILD FATALITY DATA SUMMARY

GENDER	2012 - Q1		Total 2012 - Q1	2012 - Q2		Total 2012 - Q2	2012 - Q3		Total 2012 - Q3	2012 - Q4		Total 2012 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Male	28	24	52	0	0	0	0	0	0	0	0	0	52
Female	13	18	31	0	0	0	0	0	0	0	0	0	31
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	**41**	**42**	**83**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**83**

ETHNICITY	2012 - Q1		Total 2012 - Q1	2012 - Q2		Total 2012 - Q2	2012 - Q3		Total 2012 - Q3	2012 - Q4		Total 2012 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Hispanic/Latino	19	27	46	0	0	0	0	0	0	0	0	0	46
African American	15	6	21	0	0	0	0	0	0	0	0	0	21
White	5	7	12	0	0	0	0	0	0	0	0	0	12
Asian/Pacific Islander	0	2	2	0	0	0	0	0	0	0	0	0	2
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	2	0	2	0	0	0	0	0	0	0	0	0	2
Grand Total	**41**	**42**	**83**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**83**

DCFS STATUS AT DATE OF DEATH	2012 - Q1		Total 2012 - Q1	2012 - Q2		Total 2012 - Q2	2012 - Q3		Total 2012 - Q3	2012 - Q4		Total 2012 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
Child -Open Case at DOD	7	0	7	0	0	0	0	0	0	0	0	0	7
Child -Open Referral at DOD	6	0	6	0	0	0	0	0	0	0	0	0	6
Child -Prior Case	2	0	2	0	0	0	0	0	0	0	0	0	2
Child -Prior Referral	7	0	7	0	0	0	0	0	0	0	0	0	7
Sibling Referrals	18	0	18	0	0	0	0	0	0	0	0	0	18
No Prior DCFS History	1	42	43	0	0	0	0	0	0	0	0	0	43
Grand Total	**41**	**42**	**83**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**83**

SUPERVISORIAL DISTRICT (Incident Location)	2012 - Q1		Total 2012 - Q1	2012 - Q2		Total 2012 - Q2	2012 - Q3		Total 2012 - Q3	2012 - Q4		Total 2012 - Q4	Grand Total
	With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		With Prior History	Without Prior History		
SUP 1	7	9	16	0	0	0	0	0	0	0	0	0	16
SUP 2	16	8	24	0	0	0	0	0	0	0	0	0	24
SUP 3	5	3	8	0	0	0	0	0	0	0	0	0	8
SUP 4	6	12	18	0	0	0	0	0	0	0	0	0	18
SUP 5	6	10	16	0	0	0	0	0	0	0	0	0	16
Outside of LA County	1	0	1	0	0	0	0	0	0	0	0	0	1
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	**41**	**42**	**83**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**83**

NOTE: Child Fatality data summary from DCFS CWS/CMS database as of April 17, 2012.

Attachment III

ICAN - Data Variances

SENATE BILL 39 (SB 39)

DATA VARIANCES BETWEEN ICAN CHILD HOMICIDES AND DCFS CHILD FATALITIES

SB 39 mandates public disclosure of information and findings about children who have died as a result of abuse or neglect under the following circumstances:

> It is reasonably suspected that the child fatality is the result of abuse or neglect; the child resided with a parent or guardian or in foster care at the time of the death; and the abuse and neglect was substantiated by the Coroner, law enforcement or DCFS.

ICAN findings are based on the final mode determined by the Coroner. The DCFS data set for child fatality determinations is based on SB 39 requirements, which provides for a more liberal determination that may precede Coroner findings. DCFS can substantiate the child fatality was due to abuse or neglect or law enforcement can determine a crime occurred although the Coroner ruled the death as accidental or undetermined and not a homicide. As a result, the number of child fatalities reported by DCFS under SB 39 differs from ICAN and is subject to change.

Additionally, DCFS reports child fatalities by a parent or guardian with a previous history with LA County. ICAN reports pertain to child deaths with a mode of **homicide** by the Los Angeles County Coroner. DCFS involved homicides that occur outside of Los Angeles County are not included in the ICAN report. ICAN also includes the history of out-of-county CPS involved child homicides by a parent/caregiver or family member if the child died in Los Angeles County.

Attachment IV

ICAN Child Death Review Team Report
Issues Identified/Lessons Learned
and the Team Accomplishments

Child Death Review Team

Issues Identified/Lessons Learned

Each case reviewed by the Team yields valuable lessons or identifies systematic issues in need of attention by one, or various agencies impacting the welfare of children and families. The lessons based upon the 2010 child death cases follow. Unfortunately, most are carryovers from the previous report and have continued to surface for years.

1. Cycle of Abuse

A common factor seen in many of the child death cases is that the child's mother, father or other family member had a prior juvenile case themselves in either the Dependency Court or the Delinquency Court, or their family had contact with these agencies when they were a child. Many of them parent as they were parented, thus continuing the cycle of abuse and neglect. Ten of the 2010 child homicides involved a parent or perpetrator with a Child Protective Service (CPS) history as a child.

2. Domestic Violence

ICAN continues to sponsor the annual Nexus conference which includes a focus on the connection between domestic violence and child abuse. This connection continues to be evident in the 2010 child homicides in which nine of the families had a history of domestic violence. Seven of the nine families also had a history of contact with DCFS or another CPS agency.

3. Substance Abuse

Substance abuse by a parent or caregiver is a well documented high risk factor for child abuse or neglect. Substance abuse often plays a role when there is a child fatality if that parent or caregiver responsible for the child had prior reports or history of substance abuse. In some cases, the individual responsible for the child was under the influence during the incident that led to the child's death. A caregiver's unrealistic developmental expectations and inability to cope with age appropriate behavior, combined with drugs and alcohol, become a lethal situation causing caregivers to lose control and harm the child. In addition, parents under the influence who sleep with their infant increase the risk of overlay or suffocation leading to the death of the child. It would be important to assess for substance abuse in child abuse and neglect referrals, particularly when there has been a past history. Relapse is not an uncommon phenomenon and stress is a common trigger.

4. Mental Illness

In 2010, several children were killed by a parent, caregiver or family member with mental illness. Not all individuals with mental illness place their children at risk. However, those with chronic mental disorders who are non-compliant or uncooperative with medication, treatment, family members or other supports have the potential to place children at risk including death. Community service agencies

and treatment providers must be able to identify when a parent's mental condition puts children at risk and report it to DCFS. DCFS, in turn, needs to accurately assess for risk and develop appropriate case plans to address a caregiver's mental health needs. Additionally, the mental health needs of any family member or significant other residing in the home should be assessed.

5. Presence of Multiple Parental/Caregiver Risk Factors

Risk factors such as mental illness, history of substance use, domestic violence, social isolation, CPS contact, CPS contact as a minor and young parents are usually present when a child dies at the hand of a parent or caregiver. In 2010, only two families of homicide victims had none of these known risk factors present. Lastly, one family with no risk factors was temporarily living with extended family that did exhibit risk factors and the perpetrator was from that family.

6. Lack of Bonding or Poor Attachment

The quality of the relationship of a non-biological adult to the child should be assessed. The level of attachment and the child's responses to the adult should be part of the assessment. This is particularly important when the person assumes a caretaking role for the child. The Team has observed that each year, many of child homicides have been at the hands of the parent's boyfriend, girlfriend, step parent or partner who was not attached or bonded to the child, yet had parenting responsibilities for the child. Lacking a connection with the child may contribute to their inability to manage stress or anger and to cope with parenting the child. This is often seen with children who die as a result of blunt force trauma to the head, chest abdomen, or multiple areas.

7. Multiple Referrals

One of the best predictors of future behavior is past behavior. The Team frequently reviews cases where there have been a significant number of prior referrals to DCFS on a family. These referrals are often closed as either inconclusive or unfounded. In a number of cases, re-examining the prior referrals has determined that the finding of unfounded was an incorrect finding and would have been better determined as at least inconclusive and, in some cases, substantiated. This means the reporting to the Child Abuse Central Index (CACI) will also be inaccurate which could allow someone to obtain a child care or foster care license when there has been an allegation against them. Further, the opportunity to offer services to a family at risk is lost which might have been a preventive factor for the death.

8. Immediate Inter-county Sharing of all Referral and Case Information on the Statewide Child Welfare Services/Case Management System (CWS/CMS) among Child Protective Services (SPS) Agencies

Families are not static and move from one county to another within the state. Although a family may have no child welfare history in Los Angeles County with DCFS, they may have had contact with CPS in another county. The Team has learned that workers do not have access to the services case notes or case documents for other counties in closed referrals or cases from another county.

When there is an open court case from another county, a worker can access the court file, but not the services information located on CWS/CMS. Opening CWS/CMS and finding a previous allegation and/or case but not having immediate access to the detailed services case information seems to defeat the purpose of a statewide system. Valuable information and time is lost in assessing risk and providing services to a family.

9. Safe Infant Sleeping

The Team continues to spend a great deal of energy focusing on deaths associated with unsafe sleeping practices involving the sleep position (prone or side) of the infant and/or the sleeping environment. These deaths are tragic and are clearly preventable.

Although the issue of bed-sharing with an infant has sometimes been tied to cultural values and bonding issues, the Team continues to note a disturbing number of deaths associated with bed-sharing and has made recommendations to help prevent these deaths. Infants should be placed in a separate sleep space meant for infants, on their back, and with no soft or loose bedding. In addition, the American Academy of Pediatrics has released research confirming the risk of bed-sharing with infants and recommends against bed-sharing endorsing room-sharing with the infant instead.

The Team has observed that infants are often surrounded by soft bedding, pillows and/or are bundled in blankets in an effort to keep the infant warm. However, statistics indicate overheating contributes to infant mortality. Infants should not be placed on soft bedding or pillows and should not be covered with blankets or dressed in layered clothing when put to sleep. Infants also should not be placed in cluttered cribs or play pens, car seats, strollers, swings, couches, chairs, futons or adult beds to sleep.

ICAN has partnered with First 5 LA and joined with the Department of Public Health, the Department of Children and Family Services, and other public and community agencies to conduct a safe sleeping campaign. A Safe Sleep Tips for Your Baby brochure has been distributed to local clinics, hospitals, county departments and agencies, and child development networks.

The office of Supervisor Mark Ridley-Thomas has provided leadership and First 5 LA has assumed a major role sponsoring the safe sleeping task force in Los Angeles County. .

10. Drowning/Accidental Death

Drowning has long been a leading cause of accidental child death and some homicides where there is a clear lack of supervision. Through the examination of drowning in various venues, the Team has learned that it is very easy for a young child to drown without anyone being aware of it. A young child's head is heavy and pulls the child under the water before he or she is able to make any sound. Further, drowning is a silent killer. Contrary to popular belief, there is no splashing, waving,

screaming or calling for help. The Team has learned that a drowning child's natural instinct is to breath and speech is secondary. Voluntary movements such as waving are not possible as the natural response is to extend one's arms laterally and press down on the waters' surface to leverage the body in order to lift one's mouth out of the water to breathe. The process of drowning is therefore undramatic and quiet.

In addition, the Team has discussed the concept of diffused responsibility in such cases (and other accidental death cases) where the parties who are supposed to be supervising the child each believe that the other(s) are watching the child; thus, as the responsibility for supervising the child has been diffused among the various adults, in fact, the child is actually unsupervised.

11. Fetal Death Associated with Maternal Substance Abuse

The use of illegal drugs and inappropriate use of prescription drugs and alcohol during pregnancy appears to pose several risks to both the mother and unborn child. Possible risks include premature birth and developmental delays. Over the years, the Child Death Review Team has noted a number of fetal deaths with a contributing factor of maternal substance abuse. Although the number of these deaths has been declining, they remain one of the top four causes of accidental death.

12. Improved Communication Among Agencies

When a family is involved with multiple systems, it is imperative that the agencies servicing the family have ongoing communication with one another for child safety, investigation, and case management purposes. The lack of such communication leaves individual professionals with a one-dimensional view of the case. The Family and Child Index (FCI) is a tool for investigations that alerts an agency of other various agencies having involvement with a family. DCFS, schools, Department of Health, Department of Public Health, Department of Mental Health, Department of Probation, law enforcement agencies, the District Attorney and City Attorneys, and community based agencies should also have ongoing forums to facilitate communication and connections between agencies. These forums would foster better collaboration and understanding of each other's role in child abuse cases. ICAN provides one such forum but others are needed to keep the process going.

13. Poverty/Insurance/Medi-Cal

There have been several cases where a family has been unable to obtain appropriate medical care or medication for a sick child due to a problem with medical coverage – either a lack of coverage, problem with a Medi-cal card, or co-payment. This has also been observed by the Child and Adolescent Suicide Review Team in that a child in need of therapy and/or psychotropic medication did not receive them due to problems with medical coverage or high Medi-Cal co-payments. Medical clinics should ensure that a family is referred to an appropriate medical care setting in the event they present with an ill child and no insurance coverage.

14. Community Care Licensing (CCL)

CCL is the state entity responsible for the licensing and oversight of foster care homes and child care facilities. There have been child death cases in which CCL had informed a provider not to allow certain individuals to be present at the home or day care site as they do not meet licensing standards. This is particularly true of individuals with criminal backgrounds. In many cases, these individuals were actually responsible for the child's death. When CCL bars someone from a site, they need to follow-up to assure there is compliance with their determination. CCL should make unannounced visits to the site to verify compliance.

15. Criminal Justice System

As part of the review process, the Team examines whether or not criminal charges can be filed on any given case. Often these cases are rejected for the filing of charges as there is insufficient evidence to determine the actual perpetrator of the injuries to the child, particularly when there are a number of people present at the time of the death, or the timeline for the death cannot be determined. Team members are often frustrated when charges cannot be filed, especially when the medical evidence is clear that the child suffered inflicted trauma. Despite this frustration, the District Attorney has a strong ethical duty to only file charges when they believe there is clear and convincing evidence beyond a reasonable doubt that someone has committed a crime.

The Team has also discussed the ability of the District Attorney's Office or City Attorney's Office to file charges against a "non-offending" parent for failure to protect the child when they must have been aware of the abuse that the child was suffering. This has been pursued in a limited number of cases.

Child and Adolescent Suicide Review Team

Issues Identified/Lessons Learned

1. Suicide Rate

The suicide rate among individuals under the age of 18 years increased from 14 suicides in 2009 to 16 in 2010. Despite the increase in 2010, we have seen a downward trend in youth suicides over the last ten years. The highest number of youth suicides was in 2001 with 27 which fell to 19 suicides in 2002 and 2003.

2. Law Enforcement Response

Through the review of cases, the Team has seen an increase in the impulsive behavior of youth. In 2010, only four of the youth left suicide notes. The investigative practices among law enforcement agencies vary considerably in cases when suicide is suspected. When there is no suspicion of foul play, some investigations are limited because criminal activity is not present. In such cases additional information available to investigators has value to those concerned with prevention, including the Team. Potent sources of prevention information include the youth's computer, records of the youth's Internet activities, cell phone records and interviews of the youth's friends. Friends may be privy to information that was being kept purposely hidden from parents and family. The team has discovered suicidal teens talk to friends about their mood, feelings, cognitions, behavior and suicidal intent. In addition, the team has discovered Internet communications that indicate risk factors and suicidal thinking to "virtual" friends on social networking sites.

Whenever these sources are not explored, a great opportunity to learn more about suicidal thought and motivation is lost forever. Many law enforcement agencies recognize the prevention value of conducting a thorough investigation in cases of suicidal behavior. The Los Angeles County Department of Coroner has taken the lead in its efforts to expand their investigation and documentation in suspected suicide cases. It is recommended that all law enforcement agencies also develop a protocol for suicide investigations.

3. Social Networking

The role the Internet plays in the lives of youth is an important one. Some youth use social networking to communicate to their peers about their feelings and, in some cases, the intent to end their lives. The Team has developed a social networking template and routinely checks social networking sites and the internet to gain additional information about a youth's mind set and the response to their suicide. The Team has found this to be a great tool to gain a better understanding of a youth.

An important and disturbing trend among suicidal youth is the relationship with Internet "friends." Some youth have been ostracized, bullied or otherwise socially isolated in real life. The Internet provides access to "virtual friends" from which they seek support. While satisfying in many ways, sometimes the relationships are based on "selves" and are often transitory. The internet has become an attractive home for many youth that are deficient in social skills in the actual world. Some youth may have more than one social networking account. For example, parents may have had privileges to access a Facebook page which they monitored on a regular basis. Unbeknownst to them, however, may be one or more accounts being kept private from them and from which they did not access privileges, resulting in a lost opportunity for parents to recognize and respond to suicidal clues of their children. Limited access to private Internet sites is also an obstacle to the ability of the Team to study these cases. Like many parents, the Team is not a user who was pre-authorized to access this information and the Team is prevented from collecting important information about chronic and acute risk factors and warning signs.

4. Communication Barriers between Agencies/Professionals/Parents

Perceived barriers to communication among professionals from schools and/or agencies continue to result in a significant barrier to timely communication that might have resulted in more effective intervention to prevent suicides among youth. Many private practice providers are reluctant to share timely information because they are unaware of important exceptions to legislative requirements to maintain patient confidentiality.

The Team has observed school personnel are often unaware that a students' family is under investigation for suspected child abuse. Schools should always be informed when agencies are working with children. As children spend the majority of their day at schools, they may have crucial information about a child and/or family. Knowing another agency is working with a child may help strengthen the safety net around a child.

Schools are often in a position to provide at risk students with support and they can play a crucial prevention role by monitoring the behavioral effects of medication at school. However, some parents choose to exercise their right to privacy and not disclose to schools that students are at risk and/or receiving services. All agencies providing mental heath services to youth should provide detailed information about the risks and benefits of information exchange and this should be carefully explained to families. The Team has reviewed cases in which the family was not forthcoming to schools, agencies, and social service workers with information about prior suicide attempts with tragic results.

5. Access to Mental Health Services

The Team has observed that parents may have health insurance or Medi-Cal but after the initial intervention, the family's share of cost is a barrier to continue access to mental health intervention for children and youth at risk for suicide. Children at

risk for suicide should have access to culturally competent mental health services without regard to citizenship, immigration status, language or insurance coverage.

6. Need for Monitoring Youth Prescribed Psychotropic Medication

When children at risk for suicide are receiving psychotropic medication for treatment of psychological symptoms, adherence to the medical regimen should be carefully monitored. Health professionals need to consider the financial impact of treatment to reduce non-adherence that occurs when prescriptions are not refilled on a timely basis. The importance of refilling prescriptions needs to be clearly explained to both the child and family.

Team Accomplishments

In 2010 – 11, the ICAN **Multi-Agency Child Death Review Team (CDRT):**

- Improved case outcomes resulting from Team sharing of information. The Team venue has assisted law enforcement and District Attorney's by bringing together legal, medical and other professionals who are able to provide expertise on suspicious child death case investigations.

- Worked with First 5 LA, ICAN Associates, and the ICAN countywide task force on Safe Sleep to support a grant for a campaign to address preventing sleep related infant deaths.

- Continued to support the distribution of the Safe Sleep Tips for Your Baby brochure on safe sleeping practices with infants.

- Provided data and support to Harbor-UCLA for the pilot to Prevent Sleep-Related Deaths in Infants: A Hospital Quality Improvement Project.

- Provided Team feedback to hospitals who administered treatment to a child that later died.

- Assisted the State Department of Public Health, Safe and Active Communities Branch-Fatal Child Abuse and Neglect Surveillance Program with the audit of Los Angeles County 2009 Child Fatalities attributed to abuse or neglect.

- Joined with Los Angeles County Emergency Services Management (EMS) in support to have more hospitals become trained and certified to be designated Emergency Departments Approved for Pediatric services (EDAP) to improve emergency services to children. Additionally, that emergency services staff be better trained in the recognition and treatment of child abuse.

- Presented a workshop on lessons learned by the Team and how these lessons can help identify at risk children and families at the 16th Annual Nexus Conference.

In 2010 – 11, the ICAN **Child and Adolescent Suicide Review Team (CASRT):**

- Improved case outcomes resulting from Team sharing information. The Team has provided support to numerous school personnel, providing emotional support and procedural assistance in the aftermath of student suicides. Posthumous activities have included providing suggested guidelines for memorials, mental health interventions and interactions with the suicide victims' family and friends as well as any needed cultural advisement.

- Expanded the capacity of the Team to analyze 2010 suicides and responses to them by searching social networking sites for comments and postings.

- Began development of a condolence message for peers to be posted on social networking memorial pages regarding cases reviewed by the Team. The message will contain information about available supportive mental health services.

- Completed an agreement with the Gutin Family Fund of the New Hampshire Charitable Foundation to enable the Team to assist the Los Angeles County Department of Coroner in the development of standardized investigation guidelines for youth suicides.

- Participated in training and multi-agency communication with organizations participating in the Los Angeles County Suicide Prevention Network.

- Participated in workshops at the ICAN annual conference for Childhood Grief and Traumatic Loss and a public lecture at Captain Cook University in Singapore.

Attachment V
DCFS – Safety Indicators

Los Angeles County, Department of Children and Family Services
Safety Indicators
Data as of April 24, 2012

SAFETY INDICATORS

1. No Recurrence of Maltreatment *	2011-Q1	2011-Q2	2011-Q3	2011-Q4	2012-Q1
No Maltreatment	6,972	7,331	6719	N/A	N/A
Total Children	**7,494**	**7,809**	**7,142**	N/A	N/A
No Maltreatment %	93.03%	93.88%	94.08%	N/A	N/A

2a. No Maltreatment in Foster Care *	2011-Mar	2011-Jun	2011-Sept	2011-Dec	2012-Mar
No Maltreatment	19,196	19,227	18,896	18,634	18,813
Total Children	**19,224**	**19,256**	**18,931**	**18,643**	**18,836**
No Maltreatment %	99.85%	99.85%	99.82%	99.95%	99.88%

2b. No Maltreatment in Home *	2011-Mar	2011-Jun	2011-Sept	2011-Dec	2012-Mar
No Maltreatment	18,963	19,586	19,769	19,596	18,715
Total Children	**19,077**	**19,684**	**19,855**	**19,687**	**18,782**
No Maltreatment %	99.40%	99.50%	99.57%	99.54%	99.64%

3a. Timely Response (IR) **	2011-Q1	2011-Q2	2011-Q3	2011-Q4	2012-Q1
Timely Response	6,256	6,392	5,765	6,164	7,269
Total Referrals	**6,397**	**6,554**	**5,906**	**6,290**	**7,448**
Timely Response %	97.80%	97.53%	97.61%	98.00%	97.60%

3b. Timely Response (5 Day) **	2011-Q1	2011-Q2	2011-Q3	2011-Q4	2012-Q1
Timely Response	9,757	10,132	9,288	9,650	10,824
Total Referrals	**10,468**	**11,032**	**9,999**	**10,235**	**11,545**
Timely Response %	93.21%	91.84%	92.89%	94.28%	93.75%

4a. Timely Contacts: Referrals *	2011-Mar	2011-Jun	2011-Sept	2011-Dec	2012-Mar
Timely Contacts	13,741	13,047	10,822	9,397	12,691
Total Referrals	**23,626**	**21,254**	**18,070**	**17,363**	**21,891**
Timely Contacts %	58.16%	61.39%	59.89%	54.12%	57.97%

4b. Timely Contacts: Cases *	2011-Mar	2011-Jun	2011-Sept	2011-Dec	2012-Mar
Timely Contacts	33,563	33,763	31,955	31,460	31,942
Total Cases	**35,131**	**35,734**	**33,764**	**33,462**	**33,480**
Timely Contacts %	95.54%	94.48%	94.64%	94.02%	95.41%

5. Timely Disposition: Referrals over 30 days *	2011-Mar	2011-Jun	2011-Sept	2011-Dec	2012-Mar
Over 30 Days	4,292	3,762	2,720	3,358	3,548
Total Referrals	**10,380**	**9,432**	**8,353**	**8,011**	**10,043**
Over 30 Days %	41.35%	39.89%	32.56%	41.92%	35.33%

N/A - Data is not avialable, not enough time has pass to derive the measure correctly.
*** Summary information are Point-in-Time data as of the end of the reporting quarter.**
**** Summary information are cumulative data for the months within the quarter.**

Data Source: DCFS CWS/CMS Datamart database Dashboard Report as of April 24, 2012.

Attachment VI
DCFS – Permanency Indicators

Los Angeles County, Department of Children and Family Services
Permanency Indicators
Data as of April 24, 2012

PERMANENCY INDICATORS

1. Foster Care Entry (Removal)**	2011-Q1	2011-Q2	2011-Q3	2011-Q4	2012-Q1
Removed Children	2,209	2,361	2,043	1,745	2,059
Total Referred Children	**36,853**	**38,581**	**34,049**	**35,690**	**40,895**
Removed Children %	5.99%	6.12%	6.00%	4.89%	5.03%

4a. Exit to Reunification within 12 months (Exit Cohort)**	2011-Q1	2011-Q2	2011-Q3	2011-Q4	2012-Q1
Reunified Within 12 Months	1,194	1,251	1,093	973	916
Reunified Over 12 Months	583	579	531	453	473
Total Reunified Children	**1,777**	**1,830**	**1,624**	**1,426**	**1,389**
Reunified Within 12 Months %	67.19%	68.36%	67.30%	68.23%	65.95%

4b. Exit to Adoption within 24 months (Exit Cohort)**	2011-Q1	2011-Q2	2011-Q3	2011-Q4	2012-Q1
Adoption Within 24 Months	70	83	73	98	77
Adoption Over 24 Months	169	258	315	305	206
Total Children Adopted	**239**	**341**	**388**	**403**	**283**
Adoption Within 24 Months %	29.29%	24.34%	18.81%	24.32%	27.21%

4c. Exit to Guardianship within 24 months (Exit Cohort)**	2011-Q1	2011-Q2	2011-Q3	2011-Q4	2012-Q1
Guardianship Within 24 Months	77	88	90	101	105
Guardianship Over 24 Months	91	71	87	69	81
Total Children With Guardianship	**168**	**159**	**177**	**170**	**186**
Guardianship Within 24 Months %	45.83%	55.35%	50.85%	59.41%	56.45%

5. Re-entry into Foster Care**	2011-Q1	2011-Q2	2011-Q3	2011-Q4	2012-Q1
Re-Entry	209	239	N/A	N/A	N/A
Total Children Reunified	**1,800**	**1,880**	N/A	N/A	N/A
Re-Entry%	11.61%	12.71%	N/A	N/A	N/A

N/A - Data is not avialable, not enough time has pass to derive the measure correctly.

**** Summary information are cumulative data for the months within the quarter.**

Data Source: DCFS CWS/CMS Datamart database Dashboard Report as of April 24, 2012.

Attachment VII
DCFS – Wellbeing Indicators

Los Angeles County, Department of Children and Family Services
Well-Being Indicators
Data as of April 24, 2012

WELL-BEING INDICATORS

1. Sibling Placement*	2011-Mar	2011-Jun	2011-Sept	2011-Dec	2012-Mar
All Siblings Placed Together	5,375	5,375	5,698	5,669	5,722
Some Siblings Placed Together	1,871	1,950	2,186	2,112	2,125
All Siblings Placed Separately	2,441	2,558	2,891	2,766	2,753
Total of Some and All Siblings Together	**9,687**	**9,883**	**10,775**	**10,547**	**10,600**
Some and All Siblings Together %	74.80%	74.12%	73.17%	73.77%	74.03%

2. Placement with Relatives**	2011-Q2	2011-Q3	2011-Q4	2012-Q1
Initial Placement with Relatives	1,289	1,186	997	1,016
No Initial Placement with Relatives	1,367	1,298	1,118	1,319
Total Initial Placements	**2,656**	**2,484**	**2,115**	**2,335**
Initial Placement w/ Relatives %	48.53%	47.75%	47.14%	43.51%

*** Summary information are Point-in-Time data as of the end of the reporting quarter.**
**** Summary information are cumulative data for the months within the quarter.**

Data Source: DCFS CWS/CMS Datamart database Dashboard Report as of April 24, 2012.